

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3			1			
4			2			
5			3			
6			3			
7			3			
8			3			
9			3			
10			3			
11			3			
12			3			
13			3			
14			3			
15			3			
16			3			
17			3			
18			3			
19			3			
20			3			
21			3			
22			3			
23			3			
24			3			
25			3			
26			3			
27			3			
28		1				
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	74					
TOTAL CLAIMS	75					

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS